



REQUEST FOR CHANGES / CANCELLATION OF INSURANCE POLICY

	RIATE BOX.					
CANCEL THE ENTIRE POLICY. R	EASON:			<u> </u>		
DELETE A VEHICLE/ DESCRIPTION :						
INCLUDE A VEHICLE/ DESCRIPTION :						
	EARS OF AGE (ON COMPREHEN					
NCLUDE DRIVERS UNDER 25 YE	ARS OF AGE (ON COMPREHEN	ISIVE & COLLISION ONLY)				
NCREASE DECREASE INS	SURED AMT. FROM:		TO :			
INCREASE DECREASE SALARY RATE FROM:						
		A				
ADDITIONAL COVERAGE / PERIL	·					
DELETE COVERAGE :						
	NGE LIENHOLDER :					
DESTRUCTION OF THE PROPERTY OF						
 Amend Deductible on :						
ADDITIONAL EMPLOYEE :	NAME	CATEGORY	SALARY	ANNUAL	RATE	ADD'L./RETU
		1	PER HOUR PER MONTH	SALARY		PREMIUM
	• (1)					
	XIV					
DELETE EMPLOYEE :						
					TOTAL	
					TOTAL	
OTHERS (please specify) :						
_						
DDITIONAL PREMIUM	RETURN PREMIUM :	REMARKS	:			
	THE POLICY INCLUDING EXPIRY	, AGREE	AND UNDERSTAND THA	T THE ABOV	E REQUEST	IS SUBJECT
FRMS AND COMBINIONS OF I	HE POLICY INCLUDING EXPIRY	DATE AND I/WE AGREE W	ITH THE ABOVE ADDITION	AL / RETURN P	REMIUM.	